

REVIEWER'S REPORT

Manuscript No.: IJAR-52168

Date: 10/06/2025

Title: "Clinical Utility of Shock Index in the Early Detection of Adverse Outcomes in Postpartum Hemorrhage"

Recommendation:

- ✓ Accept as it is
 Accept after minor revision.....
 Accept after major revision
 Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity		✓		
Significance	✓			

Reviewer Name: Dr. S. K. Nath

Date: 11/06/2025

Reviewer's Comment for Publication:

The study convincingly demonstrates that the Shock Index is a valuable early predictor of adverse maternal outcomes in postpartum hemorrhage, endorsing its integration into obstetric emergency protocols. Its high predictive accuracy and simplicity make it suitable, especially in resource-limited settings. However, further multicenter research with larger and more diverse cohorts is necessary to confirm these findings and establish standardized SI thresholds globally.

Reviewer's Comment / Report

Strengths of the Study

- **Prospective Design:** The study's forward-looking approach enhances the reliability of data collection and minimizes recall bias.
- **Objective Assessment:** Incorporation of objective blood loss estimation alongside visual assessment improves data accuracy.
- **Dynamic Monitoring:** Multiple SI measurements at predefined time points facilitate real-time assessment of hemodynamic changes.
- **Corroboration with Literature:** The findings align with existing studies, reinforcing SI's validity.
- **Clinical Relevance:** High AUC values for predicting critical outcomes suggest that SI can be an efficient, cost-effective tool in obstetric settings.
- **Comprehensive Analysis:** The study evaluates multiple outcomes, including ICU admission, transfusions, and surgeries, with clear cutoff points and ROC curves supporting predictive value.

Weaknesses and Limitations

- **Single-Center Study:** The findings may have limited generalizability to other populations or healthcare settings (,).
- **Small Sample Size:** With only 65 patients, the statistical power is limited; larger multicenter studies are warranted for validation (,).
- **Limited Demographic Diversity:** The study does not specify the socioeconomic or ethnic backgrounds, which might influence generalizability.
- **Potential Bias:** As a hospital-based study, there might be selection bias; women with more severe PPH might be overrepresented.
- **Lack of Long-term Outcomes:** Focus is on immediate adverse outcomes; long-term maternal health is not addressed.
- **Threshold Specificity:** The optimal SI cutoff (>1.1) might vary across different populations; further validation is needed to establish universal thresholds.

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- **Limited detail on management protocols** post-SI assessment, which might influence outcome interpretation.